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AUG 10 2004

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20311 7590 05/24/2004

MUSERLIAN AND LUCAS AND MERCANTI, LLP
475 PARK AVENUE SOUTH
NEW YORK, NY 10016

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,860	06/11/2001	Tore Danielssen	E-1024	5304

TITLE OF INVENTION: RESIN COMPOSITIONS, METHOD OF PRODUCING RESIN COMPOSITIONS AND FILLER BLENDS FOR USE IN RESIN COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/24/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LEE, RIP A	1713		524-493000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Muserlian, Lucas
 2 and Mercanti
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ELKEM ASA
MONDO MINERALS OY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Norway
Finland

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to collect any additional required fee(s), or credit any overpayment, to Deposit Account Number 02-2275 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Donald C. Lucas 8-10-04 (Date)

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 Date of Deposit AUG 10 2004
 I hereby certify that this is my original deposit of the above-mentioned correspondence in the U.S. Postal Service, Mail Stop ISSUE FEE, Alexandria, VA 22313-1450, on the 10th day of August, 2004. I declare that the above-mentioned correspondence is intended for the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Donald C. Lucas

08/12/2004 AWONDAF2 00000064 09830860

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